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PTO/SB/21 (10/07)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/650,326 Filing Date August 28, 2003 First Named Inventor Keith A. Hruska Art Unit 1649 Examiner Name C. M. Borgeest Attorney Docket Number JJJ-P01-599

| ENCLOSURES (Check all that apply) | | | | | | | | | |
|--|------------------------------|---|----------|--|--|--|--|--|--|
| x Fee Transmittal Form | | Drawing(s) | | After Allowance Communication to TC | | | | | |
| Fee | Attached | Licensing-related Papers | | Appeal Communication to Board of Appeals and Interferences | | | | | |
| Amendment/Reply | | Petition | | X Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | | | | |
| After Final | | Petition to Convert to a Provisional Application | | Proprietary Information | | | | | |
| Affidavits/declaration(s) | | Power of Attorney, Revocation Change of Correspondence Address | | Status Letter | | | | | |
| x Extension of Time Request | | Terminal Disclaimer | | X Other Enclosure(s) (please Identify below): | | | | | |
| Express Abandonment Request | | Request for Refund | | Return Receipt Postcard | | | | | |
| Information Disclosure Statement | | CD, Number of CD(s) | | | | | | | |
| Certified Copy of Priority Document(s) | | Landscape Table on CD | | | | | | | |
| Reply to Missing Parts/ Incomplete Application | | Remarks | | | | | | | |
| Reply to Missing Parts under | | | | | | | | | |
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| | | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | | |
| Firm Name | ROPES & GRAY LLP | | | | | | | | |
| Signature _ | and the things of the second | | | | | | | | |
| Printed name | Erika Takeuchi | | | | | | | | |
| Date | December 11, 2007 | | Reg. No. | 55,661 | | | | | |

| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM014769235US, on the date shown below in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450. Dated: December 11, 2007 Signature: Commissioner (Linda Blake) |
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PTO/SB/17 (10-07)
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|---|-----------------------------|---------------------------------|-----------------|-------------------------|-------------------------|--|--|--|--|--|
| Effective on 12/08. | Complete if Known | | | | | | | | | |
| Fees pursuant to the Consolidated Approp | Application (tombe) | | 0/650,326 | | | | | | | |
| FEE TRANS | Filing Date | August 28, 2003 | | | | | | | | |
| For FY 2 | First Named Inv | | Keith A. Hruska | | | | | | | |
| | Examiner Name | Examiner Name C. M. Borgeest | | | | | | | | |
| Applicant claims small entity sta | Art Unit | AILOIII | | 549 | | | | | | |
| TOTAL AMOUNT OF PAYMENT | Attorney Docket | Attorney Docket No. JJJ-P01-599 | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | | | |
| X Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP | | | | | | | | | | |
| For the above-identified dep | osit account, the Director | | | | | | | | | |
| x Charge fee(s) indicate | d below | Charg | e fee(s) indi | cated below, ex | cept for the filing fee | | | | | |
| Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND E | | | | | | | | | | |
| FI | | ARCH FEES Small Entity | EXAMINA | ATION FEES Small Entity | | | | | | |
| Application Type Fee (| Small Entity Fee (\$) Fee (| | Fee (\$) | Fee (\$) | Fees Paid (\$) | | | | | |
| Utility 310 | 155 510 | 255 | 210 | 105 | | | | | | |
| Design 210 | 105 100 | 50 | 130 | 65 | | | | | | |
| Plant 210 | 105 310 | 155 | 160 | 80 | | | | | | |
| Reissue 310 | 155 510 | 255 | 620 | 310 | | | | | | |
| Provisional 210 | 105 | 0 | 0 | O | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | Small Entity | | | | | |
| Fee Description | | | | | Fee (\$) Fee (\$) 50 25 | | | | | |
| Each claim over 20 (including Reiss Each independent claim over 3 (including Reiss) | | | | | 210 105 | | | | | |
| Multiple dependent claims | dding Reissaes) | | | | 370 185 | | | | | |
| Total Claims Extra Claims | Fee (\$) Fee | Paid (\$) | Mul | Itiple Depende | nt Claims | | | | | |
| | x = | | Fee | | ee Paid (\$) | | | | | |
| HP = highest number of total claims paid fo | , if greater than 20. | | | | | | | | | |
| Indep. Claims Extra Claims | | Paid (\$) | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | |
| If the specification and drawings e | second 100 sheets of paper | · (excluding electr | onically file | d sequence or o | computer | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CPR 1.10(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | |
| - 100 = /50 = (round up to a whole number) x = | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | Fees Paid (\$) | | | | | |
| Non-English Specification, \$13 | | | | / a a | | | | | | |
| Other (e.g., late filing surcharge): Extension for response within third month (one month 1253 already paid, amount due this response \$1,050 - \$120 930.00 | | | | | | | | | | |
| 1401 Notice of appeal 510.00 | | | | | | | | | | |
| SUBMITTED BY () | | | | | | | | | | |
| Signature Signature | 7 | Registration No. | 55,661 | Telephone | (212) 596-9479 | | | | | |
| | | (Attorney/Agent) | ,, | | ecember 11, 2007 | | | | | |
| Name (Print/Type) Erika Takeuchi Date December 11, 2007 | | | | | | | | | | |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as | | | | | | | | | | |
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| 4. A. DOQ | | | | | | | | | | |
| Dated: December 11, 2007 Signature: State (Linda Blake) | | | | | | | | | | |